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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800002		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GIORDANO	'S RESTAURANT INC.		
DOING BUSINESS A			
ADDRESS 18 LAKE AVE			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER: GIORDANO, WILFRED R. JR.	TYPE OF LICENSE: Rest	caurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
ENTRANCES ON LAKE AVE. AND CKITCHEN.	CIRCUIT AVE. ONE FLOOR	WITH WITH MAIN	DINING ROOM AND
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the s	same premises now	licensed;
2. the licensee has complied	d with all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now ope	en for business (If not expla-	in below)	
SIGNED BY:			
Individual, P	artner or Authorized Corpor	rate Officer	
DATE: TELEF	PHONE NUMBER:		DENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	ng inspector and the head	of the fire departr	ment for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800003	•	CITY OR TOWN	OAK BLUFFS	
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICEN	SED FOR 2013 YEA	AR
LICENSEE NAME: LAMPOST INC DOING BUSINESS A ADDRESS 6 CIRCUIT AVE.				
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: HAYES, JAMES T	YPE OF LICENSE: Gene prem	_	ATEGORY: Al	l Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM				
ENTRANCES ON CIRCUIT AVE AND K FIRST FLOOR; GAME ROOM AND LAM LAMPOST LOUNGE AND DANCE FLOO	MPOST LOUNGE AND RE			
3. the premises are now open for SIGNED BY: Individual, Partr	or business (If not explainer or Authorized Corpor	· 		
DATE: TELEPHO	ONE NUMBER:		LIDENTIFICATION	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departi	ment for the abo	ve
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORI	ΓΥ
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800010	C	ITY OR TOWN OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: ITS US, INC. DOING BUSINESS A THE ISLAND) HOUSE	
ADDRESS 11 CIRCUIT AVE.	CTATE. MA	ZID CODE. 02557
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER: DATTA, CHANDER S.	ΓΥΡΕ OF LICENSE: Restau	rrant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	UR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS
DESCRIPTION OF LICENSED PRE FIRST FLOOR, KITCHEN, ONE OFFICE EXIT IN REAR. ADDING A FRONT PO	E,ONE STOREROOM.2 ENT.	. TWO EXITS SIDE OF BULDG., ONE
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	• •	-
2. the licensee has complied v		
3. the premises are now open	for business (If not explain	below)
SIGNED BY: Individual, Part	tner or Authorized Corporat	te Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
DISAPPROVED: [If disapproved explain)]	Ву:
(11 disappioved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800013		CITY OR TOWN OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LINKS AT MARTH	ła's vineyard ii	NC. THE
DOING BUSINESS A FARM NECK GO	LF CLUB	
ADDRESS 1 ANTHIER'S LANE		
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER: SWEET, TIMOTHY TYPE D.	E OF LICENSE:Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
SINGLE STORY BUILDING WITH KITCHE BRICK COURT-YARD, SCREENED PORCH		I AND DINING ROOM WITH ADJOINING
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of the	he same type for the	same premises now licensed;
2. the licensee has complied with	all laws of the Comm	monwealth relating to taxes; and
3. the premises are now open for b	ousiness (If not expla	ain below)
-		
SIGNED BY:	A 41 ' 10	. 000
Individual, Partner of	or Authorized Corpo	orate Officer
DATE: TELEBRIONE		EMPLOYED IDENTIFICATION NUMBER
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	pector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
APPROVED: DISAPPROVED:		By:
APPROVED:		By:
APPROVED: DISAPPROVED:		By:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800	023	CITY OR TOWN OAK BLUFFS	
APPLICATION FOR RENEV	VAL: Seasonal	LICENSED FOR 2013	
	CLASS	YEAR	t
DOING BUSINESS A	ARD WINE AND CHEESE S	HOP,INC.	
ADDRESS 38 CIRCUIT AVI			
CITY/TOWN: OAK BLUFF	S STATE: MA	ZIP CODE: 02557	
MANAGER: CLEMENTS, JEAN	VERA-TYPE OF LICENSE:P	ackage Store CATEGORY: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
	IL SALES AND STORAGE ARE	ONE AT 43 KENNEBECK AVE. 2 STORY EA LOCATED IN LOWER AND STORAGE	AT
I hereby certify and swear und	er penalties of perjury that:		
		ne same premises now licensed;	
	· -	nmonwealth relating to taxes; and	
	ow open for business (If not exp	•	
SIGNED BY: Individ	ual, Partner or Authorized Cor	porate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NU	JMBER:
		(Note: NOT Individual Social Security I	Number)
Please Check Below:		LOCAL LICENSING AUTHORITY	7
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800048		CITY OR TOWN	OAK BLUI	FFS
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: LOOKOUT TAV DOING BUSINESS A LOOKOUT TA ADDRESS 8 SEAVIEW AVE EXT.				
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
	YPE OF LICENSE:Rest			Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	IISES:			
1 1/2 STORY BLDG. RESTAURANT, KIT NORTH EXIT & ENTRANCE FROM OUT EXITS; RESTROOMS, STORAGE UPSTA	TSIDE ACCESS THRU R	EST. ONLY. 2 OTHI		
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the s	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comm	onwealth relating t	o taxes; and	
3. the premises are now open for	or business (If not explain	in below)		
SIGNED BY: Individual, Partn	er or Authorized Corpor	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	RIDENTIFICAT	TION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building inamed license and (2) the certificate of 2010.	inspector and the head	of the fire departs	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091800051		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR	R RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		ND RESTAURANT (CORP.	
ADDRESS 29 LAK	E STREET			
CITY/TOWN: OAF	K BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER:	TY	PE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
2. the license	HE PROPERTY THE swear under penaltie ed license will be of ee has complied with ses are now open for	REIN ENCLOSED.	nonwealth relating to ain below)	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building in	spector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	91800053		CITY OR TOWN	OAK BLUF	FFS
APPLICATION FOR F	RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: \	VINEYARD R	ESTAURANT GROUP	INC.		
DOING BUSINESS A	FISHBONES	CAFE			
ADDRESS 12 CIRCUI	T AVE. EXT.				
CITY/TOWN: OAK I	BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: HENRY	Y, SARAH	ТҮРЕ OF LICENSE: R є	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		ı
DESCRIPTION OF LI	CENSED PRE	MISES:			
1ST FLOOR DINING AN AREA	ND OUTSIDE D	ECK AREA. STORAGE I	N REAR OF BUILDIN	NG. OUTSIDE	DECK
I hereby certify and swe	ear under penal	lties of perjury that:			
1. the renewed	license will be	e of the same type for the	e same premises now	licensed;	
2. the licensee	has complied v	with all laws of the Com	monwealth relating t	o taxes; and	
3. the premises	s are now open	for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Part	tner or Authorized Corp	orate Officer		
	Individual, Part	tner or Authorized Corp	orate Officer		
1	·				ION MIMBER
	·	tner or Authorized Corp	EMPLOYER	R IDENTIFICAT lividual Social Se	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	lividual Social Se	ecurity Number)
DATE: We the undersigned,	TELEPH	ONE NUMBER: are in possession (1) the	EMPLOYEF (Note: <u>NOT</u> Ind	lividual Social Se	er 304 of the
DATE: We the undersigned, Acts of 2004, signed benamed license and (2)	TELEPH attest that we by the building	IONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind ne certificate require d of the fire depart	lividual Social So ed by Chapte ment for the	er 304 of the above
DATE: We the undersigned, Acts of 2004, signed benamed license and (2) of 2010.	TELEPH attest that we by the building	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYEF (Note: <u>NOT</u> Ind ne certificate require d of the fire depart	lividual Social So ed by Chapte ment for the	er 304 of the above
DATE: We the undersigned, Acts of 2004, signed be named license and (2) of 2010. Please Check Below:	TELEPH attest that we by the building	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYEF (Note: <u>NOT</u> Ind ne certificate require d of the fire depart	lividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned, Acts of 2004, signed became dicense and (2) of 2010. Please Check Below: APPROVED:	TELEPH attest that we by the building	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYER (Note: <u>NOT</u> Indine certificate required of the fire departed by	lividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned, Acts of 2004, signed to named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPH attest that we by the building the certificate	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYER (Note: <u>NOT</u> Indicate required of the fire departurance required by	lividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned, Acts of 2004, signed became dicense and (2) of 2010. Please Check Below: APPROVED:	TELEPH attest that we by the building the certificate	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYER (Note: <u>NOT</u> Indicate required of the fire departurance required by	lividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned, Acts of 2004, signed to named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPH attest that we by the building the certificate	ONE NUMBER: are in possession (1) the ginspector and the hear	EMPLOYER (Note: <u>NOT</u> Indicate required of the fire departurance required by	lividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	::091800056		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	T P PANACY,LLC			
DOING BUSINESS	A BASS & BLUES SA	ANDBAR & GRI	LLE	
ADDRESS 6 CIRCU	IT AVE. EXT.			
CITY/TOWN: OAK	X BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER: WAL	LACE, MARK TYPE	OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I 30X100 INTERIOR, IN I hereby certify and s 1. the renew 2. the license	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE NCLUDING PATIOS AN wear under penalties of ed license will be of the ee has complied with al ses are now open for bu	S: D GAZEBO, 3 EN f perjury that: e same type for the l laws of the Con usiness (If not exp	TRANCES/EXITS. The same premises now annonwealth relating to blain below)	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building inspe	ector and the he	ad of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:091800058		CITY OR TOWN	OAK BLU	FFS
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		, INC.			
ADDRESS 10 CIRC	CUIT AVE				
CITY/TOWN: OA	K BLUFFS	STATE: MA	ZIP CODE:	02557	
	RNDT, TY	PE OF LICENSE:Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
2. the licens	see has complied wit ises are now open fo	f the same type for the th all laws of the Comm or business (If not expla	nonwealth relating to in below)		
	marviduai, Faithe	er of Authorized Corpo	Tate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: decurity Number)
Acts of 2004, signe	d by the building in	re in possession (1) the nspector and the head of liquor liability insur	of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091800060		CITY OR TOWN	OAK BLUI	FFS
APPLICATIO	N FOR RENEWAL:	Seasona	l LICENS	SED FOR 20)13
		CLASS			YEAR
	AME: ROBINSON F NESS A SMOKE'N E		NT		
ADDRESS 20	OAKLAND AVE				
CITY/TOWN:	OAK BLUFFS	STATE: N	MA ZIP CODE:	02557	
MANAGER:	OSBURN, JONATHAN C.	TYPE OF LICENSE	E:Restaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	N OF LICENSED PR RAME WITH FULL CE				
1. the 2. the	licensee has complied premises are now ope	be of the same type fo with all laws of the C in for business (If not			
	Individual, Pa	rtner or Authorized C	Corporate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004,	signed by the buildir	ng inspector and the	1) the certificate require head of the fire departr insurance required by	nent for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800061	'	CITY OR TOWN OAK BLUFFS	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: 14 KENNEBEC	HOLDINGS INC		
DOING BUSINESS A KEN'N BECK			
ADDRESS 14 KENNEBEC AVE			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER: HULAK-WARD, T'CAROL	YPE OF LICENSE: Resta	aurant CATEGORY: All Alcol	hol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
FIRST FLOOR OF THE PREMISE INCLU	DING ENCLOSED FRON	NT PORCH	
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o		same premises now licensed;	
2. the licensee has complied wi	ith all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open for		<u> </u>	
	` *		
SIGNED BY:			
	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMB	ER:
		(Note: NOT Individual Social Security Number	ber)
		400	
We the undersigned, attest that we a Acts of 2004, signed by the building i	_ , ,	certificate required by Chapter 304 of the fire department for the above	the
		ance required by Chapter 116 of the Ac	ets
of 2010.			
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:		3 *	
(If disapproved explain)			-
			-
			-
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800062	(CITY OR TOWN OAK BLUFFS	
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2013 YEAR	
LICENSEE NAME: HARCIP, INC. DOING BUSINESS A JIMMY SEAS			
ADDRESS 32 KENNEBEC AVE.			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER: CIPOLLA, JAMES J.	ΓΥΡΕ OF LICENSE: Resta	category: All Alc	ohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE 60 SEATS; 3 ROOM RESTAURANT - S			
3. the premises are now open SIGNED BY:	e of the same type for the sa with all laws of the Commo	onwealth relating to taxes; and n below)	
·			
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Num	
Acts of 2004, signed by the building	g inspector and the head	certificate required by Chapter 304 of of the fire department for the above ance required by Chapter 116 of the A	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800067		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PSG PARTNERS L	LC		
DOING BUSINESS A SWEET LIFE CA	ÆÉ		
ADDRESS 63 CIRCUIT AVENUE			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER: GUERIN, SUSAN TYP	E OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
The selection of the se	· Carrier and Area		
I hereby certify and swear under penalties	1 0 0		1' 1.
1. the renewed license will be of the		=	
2. the licensee has complied with		•	taxes; and
3. the premises are now open for b	ousiness (If not expla	in below)	
CICNED DV.			
SIGNED BY: Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of 2010.	pector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	-



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091800071		CITY OR TOWN	OAK BLUI	FFS
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	20 Kennebec, LLC				
DOING BUSINESS	A SIDECAR CAFÉ	& BAR			
ADDRESS 16 Kenne	ebec Ave				
CITY/TOWN: OAI	K BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: Mull	in, Scott TYPI	E OF LICENSE:Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS		
	LICENSED PREMIS				
	s inside and small outdoo	_			
	wear under penalties	1 0 0			
	ed license will be of the	• •	•		
	ee has complied with a		C	o taxes; and	
3. the premi	ses are now open for b	ousiness (If not explai	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NIIMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
	TEEETHONE	71VOIVIBLIC.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are id by the building insp (2) the certificate of l	pector and the head	of the fire departs	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	nin)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800074	(CITY OR TOWN OAK BLU	JFFS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: OAK;S BLUFF RES	ΓAURANT COMPA	ANY	
DOING BUSINESS A LOBSTERVILLE E	3AR & GRILL		
ADDRESS P.O. BOX 402			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER: GRAHAM, LESLIE TYPE	OF LICENSE:Resta	nurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	S:		
FIRST FLOOR SERVICE BAR AND TAKE OUT AREAINCLUDING ONE ROOM AND ATTACHED PORCHFIRE ENTRANCESECON FLOOR DINING ROOM INCLUDING ATTACHED PORCH, FLOOR ENTRANCES/ EXIT DOORS			
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the sa	ame premises now licensed;	
2. the licensee has complied with al	l laws of the Commo	onwealth relating to taxes; and	l
3. the premises are now open for bu	ısiness (If not explain	n below)	
SIGNED BY:	. A. 11 1 C	0.00	
Individual, Partner or	Authorized Corpora	ate Officer	
DATE: TELEPHONE	NIIIMDED.	EMPLOYER IDENTIFICA	TION NUMBER:
TELEPHONE	NUMBER:	(Note: NOT Individual Social	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspe			
named license and (2) the certificate of lie		_	
of 2010.			
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800076	CI	TY OR TOWN OAK BLUFFS
APPLICATION FOR RENEWAL	L: Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LOLA'S PL	LACE,INC.	
DOING BUSINESS A LOLA'S		
ADDRESS 15 ISLAND INN ROA	AD	
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557
MANAGER: DOMITROVICH, PAUL	, TYPE OF LICENSE:Restaur	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED I	PREMISES:	
FIRST DINING RM, LOUNGE ARE SECOND FLOOR, OFFICE AND ST FURNITURE.		D FOR STORAGE AND UTILITIES. ICH BAR STOOLS,RATTAN PORCH
I hereby certify and swear under p	enalties of perjury that:	
1. the renewed license wi	ll be of the same type for the sam	ne premises now licensed;
2. the licensee has compli	ied with all laws of the Commony	wealth relating to taxes; and
3. the premises are now o	ppen for business (If not explain b	pelow)
SIGNED BY:	Partner or Authorized Corporate	Officer
marviduai,	Tarrier of Authorized Corporate	Officer
DATE:		EMPLOYER IDENTIFICATION NUMBER:
IELI	EPHONE NUMBER:	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head of	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Please Check Below:	L	OCAL LICENSING AUTHORITY
APPROVED:	В	y:
DISAPPROVED:		
(If disapproved explain)	_	
	_	
D. 1 (T)	_	
DATE:	_	